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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

# FEE TRANSMITTAL

## For FY 2006

 Applicant claims small entity status. See 37 C.F.R. 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

## Complete if Known

Application Number	10/724,605
Filing Date	December 2, 2003
First Named Inventor	MASAKI TOKIOKA, ET AL.
Examiner Name	J. Rossi
Art Unit	1733
TOTAL AMOUNT OF PAYMENT	(\$ 0.00)
Attorney Docket No.	03500.017806

## METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 06-1205	Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/>	Charge fee(s) indicated below	<input type="checkbox"/>	Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/>	Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17	<input checked="" type="checkbox"/>	Credit any overpayments	

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Fee (\$)

Fee (\$)

200 100

360 180

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
13 - 24 or HP =	0	x 50.00	= 0.00	HP = highest number of total claims paid for, if greater than 20	Fee (\$)	Fee Paid (\$)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)	
2 - 3 or HP =	0	x 200.00	= 0.00	HP = highest number of independent claims paid for, if greater than 3	Fee (\$)	Fee Paid (\$)

## 3. APPLICATION SIZE FEE

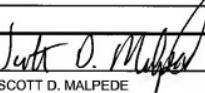
If the specification, drawings, and any Preliminary Amendment exceed 100 sheets of paper in total, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 =	_____ / 50 =	(round up to a whole number) x _____ =	Fee (\$)	Fee Paid (\$)

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

SUBMITTED BY			
Signature		Registration No. 32,533 (Attorney/Agent)	Telephone 202-530-1010
Name (Print/Type)	SCOTT D. MALPEDE		Date: October 6, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application to the USPTO. You may submit comments regarding this collection, including suggestions for reducing burden, to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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